

PART V. PROJECT APPLICATION

A. GENERAL INSTRUCTIONS

ADOT's Multimodal Planning Division (MPD) announces Section 5310 Program funding and application availability by mail to all COGs and MPOs annually. The COGs and MPOs are then responsible for notifying interested parties that applications are available. Notice of the program and applications can also be found at the ADOT Multimodal Planning Division website at: http://mpd.azdot.gov/MPD/Community_Grant_Services/Section5310.asp

Application forms are available in electronic format (Adobe Acrobat) with electronically cued commands. Using the electronic format should make the application easier to complete. It also enables repeat applicants to readily update information from previous applications. If a paper or other format is needed, please contact your COG or MPO representative for assistance.

At this time, the actual submittal process is manual—not electronic (i.e. not online). A paper copy(s) of the application must be submitted. Original signatures are required on the certifications and assurances. The applicant should be sure to allow adequate time to obtain the necessary signatures and approvals from appropriate parties and to mail or hand deliver a copy(s) of the application to the appropriate COG or MPO office.

ROLE OF COUNCIL OF GOVERNMENTS AND METROPOLITAN PLANNING ORGANIZATIONS

Applications for Section 5310 program funding go through the rural COGs and urban MPOs before being submitted to ADOT. The COGs and MPOs are responsible for:

- Distributing the application package;
- Setting the application due date for their regions;
- Accepting completed applications;
- Reviewing submitted applications for projects within their regions; and
- Establishing and submitting a priority list of projects for the region to the ADOT Multimodal Planning Division.

The ADOT Multimodal Planning Division is responsible for reviewing the applications and regional priority lists and making final decisions on projects to be included in a statewide application to the Regional FTA Office.

Applicants who operate services in more than one region or operate in both an urban area and a rural area may either:

- Submit separate applications for each region; or,

- Submit an application to the COG or MPO in which the vehicle will primarily operate and send a copy of the cover letter to the other COG or MPO.

In both cases, the cover letter should inform both COGs (or COG and MPO) of what vehicles are being applied for and where the application(s) was submitted.

APPLICATION CONTENTS

The application consists of:

- A checklist
- Basic applicant information
- Narrative pages in which applicants describe their programs
- Cost/Productivity worksheet
- A budget for the capital request
- Certifications, assurances and other attachments

In addition, applicants are required to submit a cover letter summarizing the request and highlighting key points. The cover letter should be addressed to the COG or MPO to which the application is submitted.

Applicants should complete all sections completely and concisely, including the budget forms. The narrative questions explain to the interview committee:

- The services to be provided, how the elderly and/or persons with disabilities will be served;
- The management capability of the applicant; and
- Assurances of compliance with Federal and State requirements.

Incomplete applications will not be accepted. If you have difficulty obtaining important information or certifications, contact your COG or MPO to ask for written authorization for turning the information in late. Exceptions for such occurrences may be made, depending on the nature of the problem and the ability of the applicant to submit the needed information before final decisions are made. The individual COG or MPO is responsible for making the decision on whether an exception will be made, and may contact ADOT Multimodal Planning Division for concurrence prior to notifying the applicant of the decision.

INSTRUCTIONS FOR USING THE ELECTRONIC FILES

The application is available in two electronic formats: Adobe Acrobat or Microsoft Office. Applicants are requested to use the electronic Adobe Acrobat file format if possible. The Adobe Acrobat file contains form fields including checkboxes and text fields that scroll to allow for additional room. Once the application is complete, print a hard copy. Then bind together the pages needed for submittal, including supporting documentation, where requested. Do not include these instruction pages or other pages not appropriate for your project.

APPLICATION PROCESS AND AWARDS

Applications will be considered for funding based on the evaluation and selection criteria listed in this Handbook. What you submit as your application, with attachments, will be the main source of information used by the COGs/MPOs and ADOT in reviewing and prioritizing your request for funding.

After being reviewed, applications are placed in one of three categories, depending on how completely the requirements have been satisfied:

CATEGORY A: Includes those projects certified by ADOT as having met all the statutory and administrative requirements for approval.

CATEGORY B: Includes those projects that ADOT may approve, but which have not yet met all statutory and/or administrative requirements, or for which there is not adequate available funding. As the necessary requirements are satisfied or funding becomes available, these projects may be advanced to Category A.

CATEGORY C: Includes those projects that are not recommended for funding consideration.

The final decision on project selection and funding will be made by the ADOT Multimodal Planning Division (MPD). ADOT retains sole discretion to determine which projects will be funded and the amount of funds awarded to any given project. The MPD may request additional information from applicants to clarify information submitted.

Applicants are advised that the general amount of time required to receive the capital equipment is approximately twelve months and vehicle awards within sixteen to eighteen months. However, a variety of factors can cause delays, including changes in regulatory requirements or manufacturing schedules.

APPLICATION ASSISTANCE

The COG and MPO in each region will hold workshops to assist applicants in completing applications. Applicants are strongly encouraged to attend these workshops in order to understand changes made from year to year as well as learn about other program updates.

The locations, dates, and times of the workshops are posted on the ADOT Multimodal Planning Division website at http://www.azdot.gov/calendars/MPD/Transit_Events/. Attend the workshop that is most convenient for you.

Additional questions regarding your local application process should be addressed to your local COG or MPO representative. Contacts are listed in the first section of this Handbook.

APPLICATION SUBMITTAL

Applications may be viewed, downloaded and completed online at http://mpd.azdot.gov/MPD/Community_Grant_Services/ProgGuide.asp. However, the application itself must be submitted in hard copy to your local COG or MPO representative, by the date and time set by each COG or MPO. Instructions on the due date and number of applications submitted are provided by each COG or MPO along with this application package.

B. APPLICATION PACKAGE

The application form begins on the next page. Applicants are urged to work from an electronic copy of the forms which can be obtained as an Adobe Acrobat file on the Arizona Department of Transportation's Multimodal Planning Division website: at: http://mpd.azdot.gov/MPD/Community_Grant_Services/ProgGuide.asp.

APPLICATION FOR SECTION 5310 ASSISTANCE FY 2011

APPLICATION PART 1: CHECKLIST

The following documents must be submitted with your application.

COG/MPO Check-off	Applicant Check-off	
<input type="checkbox"/>	<input type="checkbox"/>	Cover Letter (Summarizing your request and addressed to the COG/MPO, who will transmit the application to ADOT)
<input type="checkbox"/>	<input type="checkbox"/>	This Checklist and the Project Information
<input type="checkbox"/>	<input type="checkbox"/>	Narrative Description of Project (Sections A – G, including vehicle inventory form)
<input type="checkbox"/>	<input type="checkbox"/>	Agency Capital Request and Budget
<input type="checkbox"/>	<input type="checkbox"/>	Federal Certifications and Assurances
		<input type="checkbox"/> Assurance of Authority of Applicant and its Representative
		<input type="checkbox"/> General Assurances
		<input type="checkbox"/> Certification for Civil Rights Complaint Status
		<input type="checkbox"/> Certification for Drug-Free Workplace
		<input type="checkbox"/> Certificate of Compliance with Manufacturer's Maintenance Schedule
<input type="checkbox"/>	<input type="checkbox"/>	Support Documentation
		<input type="checkbox"/> Articles of Incorporation of applicant's private non-profit status. The copy must be certified.
		<input type="checkbox"/> An IRS 501(c)(3) letter of exemption showing applicants as a nonprofit organization.
		<input type="checkbox"/> Public Notice (Applicants in MAG and PAG areas are requested to attach notice placed by MAG or PAG on their behalf)
		<input type="checkbox"/> Notice of public hearing announcement (public agencies only)
		<input type="checkbox"/> Letter of notification to other providers (not required of applicants in MAG and PAG regions; other applicants are to attach copies of letters sent)
		<input type="checkbox"/> Project support letters
		<input type="checkbox"/> Opposition letters to the project
		<input type="checkbox"/> Organizational chart for applicant

PROJECT INFORMATION

GENERAL INFORMATION

COG/MPO Region: _____

Primary Service Area: ☐ Rural ☐ Urban ☐ Both (25%+ one or other)

Application is for: (Please identify number amount in each category)

Specifics are requested _____ Mobility Management Project

on the following pages. _____ Replacement Vehicle(s)

_____ Expansion Vehicle(s)

Other equipment – please describe:

Answer #1 only if it applies. An “umbrella” agency is an organization that is applying for two or more vehicles and will subcontract with other agencies.

1. Transit Provider Umbrella

Agency Name (if any) _____

Contact: _____

Title: _____

Address: _____

City: _____ State _____ Zip Code: _____

Phone: _____ FAX _____

E-Mail: _____

Web Site: _____

2. Transportation Provider

Agency Name (if different
from above) _____

Contact: _____

Title: _____

Alternate Contact: _____

Address: _____

City: _____ State _____ Zip Code: _____

Phone: _____ FAX _____

E-mail: _____

Web Site: _____

3. Primary contact for Civil Rights Compliance

Contact: _____

Address: _____

City: _____ State _____ Zip Code: _____

Phone: _____ FAX _____

E-mail: _____

4. Does your agency (or subcontractors) utilize unionized labor?☐ No☐ Yes (if yes, please provide the following information)

Union Name: _____

Contact: _____

Address: _____

City: _____ State _____ Zip Code _____

Phone: _____ FAX _____

E-mail: _____

5. Is this application being submitted in collaboration with another agency as a coordination project?☐ Yes – If yes, list agency☐ No**6. Client Description:** (Briefly describe the clients your agency serves and whether they are individuals who are elderly or have disabilities or both. If you serve persons with disabilities, describe the primary type of disability.)

7. Have you participated in your region's (COG/MPO) Regional Transportation Coordination Plan(s) and related meetings?☐ Monthly ☐ Quarterly ☐ Yearly ☐ No – why not?: _____**8. Type of assistance you are requesting:**

Type ¹	Vehicle ²	Replace	Expand	Other	Quantity
1	<input type="checkbox"/> Lift-equipped "Maxivan" van	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2	<input type="checkbox"/> Lift-equipped "Cutaway"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3	<input type="checkbox"/> 12 Passenger Maxivan (no lift)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4	<input type="checkbox"/> 6-7 Passenger Minivan no ramp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5	<input type="checkbox"/> 5 Passenger Minivan (with ramp)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6	<input type="checkbox"/> Mobility Management				
7	<input type="checkbox"/> Other (i.e., vehicle, capital equipment, etc.) Please Describe)				

¹ Vehicle requests falling outside of these Type 1-5 descriptions will be considered on a case-by-case basis.² If more information is needed on vehicle types, please contact your COG/MPO representative or ADOT/MPD.

Preference: If more than one type vehicle is requested, please list the vehicles according to your priorities³:

First Choice: _____

Second Choice: _____

Other Preference(s) _____

- 9. If you are applying for a non-wheelchair vehicle, do you have a wheelchair vehicle(s) in good working condition in your fleet or under contract?⁴**

☐ Yes. Explain if under contract only: _____

☐ No, explain: _____

- 10. If an early vehicle delivery is available, the applicant should note whether it would like early delivery:**

☐ Yes, we prefer an early delivery; matching funds will be available early.

☐ No, we do not prefer an early delivery.

- 11. Mobility Management⁵**

☐ Mobility Management.

Describe Project: _____

APPLICATION PART 2: NARRATIVE DESCRIPTION OF SYSTEM

(Do not insert any support documents/materials in the middle of the application, they may be added to the back of the application)

This part of the application is divided into several sections, each covering a different aspect of your system and its management. Please provide thorough but concise answers to questions.

The application form requests information first on your total program and then on the particular use of the vehicles that are requested through this application.

Requests for vehicles intended to be used in significantly different service areas (for example, different sites within the same overall agency) should be submitted through separate applications.

³ This application serves as the record of what the applicant is indicating as its preference(s).

⁴ See Part II of the Handbook for discussion on federal Demand Responsive (Equivalent Service) requirements. If an agency has a reliable, 'on-call' inter-agency agreement with a qualified provider that has a wheelchair-accessible van that meets these criteria, an on-site vehicle is not required.

⁵ The typical Mobility Management project would be from an agency, office or regional planning organization that intends to take a lead role in coordinating transportation services within a city, county or region.

A. Overall Agency Description

- 1. Provide a brief description of your agency's primary mission, including a mission statement if available. What are your general service area boundaries? Describe your agency's experience and qualifications in providing passenger transportation.**

- 2. Structure of your organization. Attach an organization chart showing Board Members and employees. Identify the transportation employees or other employees who also drive (use job titles – e.g. drivers, client counselors, etc.). Indicate if they are full-time or part-time. Describe how these employees fit into the overall organization and the percentage of their time that they drive or will drive.**

- 3. What, if any, role do volunteers have in driving vehicles in passenger service or other ancillary driving activities? How many volunteers does your agency have and what is the average amount they work each week?**

B. Transportation Program Description

Please describe your current (or intended) transportation service and attach, in an appendix, any brochures, which explain your transportation service. Please address each of the following:

1. General description of your transportation service:

2. Current service area(s), days and hours of operation: Note: Identify all service areas and types of services provided in these areas. This is particularly true for umbrella agencies administering a number of satellite programs.

3. List the primary local activity centers including medical, commercial locations, human service programs, and low-income or public housing that are served by your system. Explain how often they are served and indicate those activity centers that require the most transportation service.

4. Do you charge a fare or request a donation from the passengers you carry?

- ☐ A fare is charged
☐ A donation is requested (but not mandatory)
☐ No fees are requested

5. Is your system planning to:

- ☐ Maintain the same level of service as last year
☐ Increase the level of service
☐ Decrease the level of service

If your system is proposing to increase or decrease service, please describe the changes and why they are proposed.

6. Vehicle Availability. How many of your vehicles are:

_____ Available for passenger service?
_____ Required in your peak service period?

7. Do staff members also transport clients in personal vehicles?

- ☐ Yes (explain to what extent) _____

☐ No

8. Complete the vehicle roster on the following pages.

TOTAL FLEET VEHICLE INVENTORY**Instructions**

Use the vehicle condition and classification code table (below) to complete the information on the total vehicle fleet inventory table on the next page. Please provide individual vehicle information on all vehicles used to carry passengers in your fleet.

**VEHICLE CLASSIFICATION
AND
VEHICLE CONDITION CODE TABLES**

(Use the following codes for completing the table on the next page.)

VEHICLE CLASSIFICATION TYPE	CODE
HEAVY DUTY 40 + FOOT BUSES	1
HEAVY DUTY UNDER 40 BUT GREATER THAN 30 FOOT BUSES	2
MEDIUM DUTY 20-30 FOOT BUSES OR MINI-BUSES	3
LIGHT DUTY 20-30 FOOT VANS (Larger Cutaways, and Maxi-Vans, etc.)	4
LIGHT DUTY 15-25 FOOT VANS (Small Cutaways, Mini-Vans , Small Maxi-Vans (including lift vans) & "Suburbans"/large 4x4 wagons)	5
SUPPORT VEHICLES (Sedans, Station Wagons, Pickups, etc.,)	6
NOTE: Vehicle footage is measured from bumper to bumper	
VEHICLE CONDITION DEFINITIONS	CODE
EXCELLENT: Brand new or less than one year old, no major problems exist, or only routine preventative maintenance is required.	5
GOOD: Elements are in good working order, requiring only nominal or infrequent minor repairs.	4
ADEQUATE: Requires frequent minor repairs or infrequent major repairs. Elements are in adequate working order and the asset's usage can continue.	3
POOR: Requires frequent major repairs, elements are in poor working order, or asset is technologically dated and requires major retrofit. Future usage requires significant investment, which may or may not be cost-effective.	2
FAILURE: In sufficiently poor condition that continued use is impossible or non-cost-effective.	1

TOTAL FLEET – VEHICLE INVENTORY AND CONDITION – list only vehicles in the service area for which this application is made. (Includes all vehicles used for passenger service – ADOT / FTA and NON – ADOT / FTA funded vehicles). **Verify all VIN(s) are accurate and indicate on the last column to the right if the vehicle(s) is being replaced in this application.**

PROVIDER NAME: _____

[illegible]

Applicant Name: FY 2011 Section 5310 Application Form

FY 2011 Section 5310 Application Form

[illegible]

Applicant Name: FY 2011 Section 5310 Application Form

FY 2011 Section 5310 Application Form

[illegible]

Applicant Name: FY 2011 Section 5310 Application Form

FY 2011 Section 5310 Application Form

[illegible]

C. Need for Service

In this section, describe your overall transportation program.

- 1. Please indicate the number and type of individuals served by your overall transportation program on an annual basis:**

- a. Non-Elderly Disabled _____
- b. Elderly not Disabled _____
- c. Elderly and Disabled _____
- d. Other _____
- Total (non-duplicated) persons** _____

- 2. How many annual passenger trips do you provide (total for all vehicles)?**

See the Passenger Trip Calculation worksheet at the last page of this application to determine this number. _____

- 3. How many days service do you provide transportation, including seasonal differences?**

Operating Days per Week: _____

Operating Days per Month _____

Describe any important seasonal differences in services operated:

- 4. How many vehicle service hours and service miles do you currently provide (total for all vehicles)?**

	Daily	Monthly	Annual
Service Hours	_____	_____	_____
Service Miles	_____	_____	_____

- 5. During what time do you provide transportation service? (Check all that apply)**

☐ Weekdays ☐ Weeknights after 6 pm ☐ Weekends

6. What is the current distribution of trips (%) by trip purpose?

Medical	_____
Nutrition	_____
Adult Day Care	_____
Employment	_____
Education & Training	_____
Service Appointments	_____
Social & Recreational	_____
Other (Specify	_____
Total	100%

7. Can all requests for service be accommodated with the existing services?

- ☐ Yes, all requests are accommodated
- ☐ No, all requests not accommodated (describe below)

8. For existing services, what is the average number of trips per vehicle?

(Divide your annual trips from question #2 by the average number of vehicles in service, excluding back-up or spare vehicles.)

Average trips per vehicle: _____

9. Please describe if, and how, existing transportation services will change if you are awarded a 5310 grant this year. If your grant request is only for replacement vehicles, please specify.

- 10. Please describe why the transit service provided by existing public or private transit operators is unavailable, insufficient, or inappropriate to meet the special needs of the elderly and persons with disabilities proposed to be served through this application.**

- 11. Mobility Management. Describe your proposed project in detail.** Include your overall goal, the transportation providers you will include, key milestones to be accomplished and estimated time frame for meeting those milestones.

D. Vehicle Use

The following questions pertain only to the vehicle(s) for which you are currently applying.

1. **How will the requested equipment be used?** *(please enter replacement info for each vehicle being replaced including **entire** VIN number for each)*

☐ **Replace existing:**

Vehicle to be replaced is a _____ *(enter vehicle year)*

with an odometer reading of _____ *(enter vehicle miles)*

Vehicle Description:

Make/Model _____

VIN: _____

Does the vehicle being replaced have a wheelchair lift? ☐ Yes ☐ No

☐ **New Service:**

Do the vehicle(s) being requested have a wheelchair lift? ☐ Yes ☐ No

If not requesting an accessible vehicle please explain:

2. **Describe the service that will be provided with the vehicle(s) requested in this application.** Include information on where the vehicle will serve and the service schedule.

3. **Estimate service hours and service miles for the requested vehicle(s).**

	Daily	Monthly	Annual
Service Hours	_____	_____	_____
Service Miles	_____	_____	_____

4. **What is the number of passenger trips expected with your new equipment?**

Daily _____ Monthly _____ Annual _____

5. **What is the estimated percentage of elderly individuals and individuals with disabilities who will use the vehicles you are requesting (please provide an unduplicated count for each category)?**

Elderly, not disabled	_____
Elderly with a disability	_____
Disabled, not elderly	_____
Other	_____
Total	100%

E. Coordination of Service

This section provides an opportunity for you to provide evidence of coordination or willingness to coordinate with other agencies, e.g. public transportation operators and/or other human service providers (agencies funded through DES, Department of Human Services, Senior Centers, employment assistance centers or the various training programs offered for residents of your community).

All agencies awarded Section 5310 funds are required to participate in local or regional coordination activities.

- 1. What other transportation services operate in your service area and do you use these services to transport your clients?** *(Please identify the services, regardless of whether you feel they are appropriate or sufficient for your clients.)*

[illegible]

2. **Could any of these other transportation services meet the needs of your clients?** *(Please describe their sufficiency in being able to respond to the needs of your clients.)*

3. **Does your agency have (existing or proposed) working agreements with other social service agencies or transportation providers for the provision of coordinated transportation services to individuals who are elderly or have disabilities?** *(If so, note conditions or limitations below. If it is a written agreement also attach a copy to the back of this application.)*

☐ Yes ☐ No Describe:

4. **For each of the following, check those for which you presently coordinate or share with other agencies. Then indicate those activities which you are willing to evaluate in an effort to increase coordination.**

	Currently Do	Would Consider
Sending our drivers to training held by others	<input type="checkbox"/>	<input type="checkbox"/>
Invite other drivers to attend our training	<input type="checkbox"/>	<input type="checkbox"/>
Share back-up vehicles with other agencies	<input type="checkbox"/>	<input type="checkbox"/>
Provide information to our clients on other available services.	<input type="checkbox"/>	<input type="checkbox"/>
Work with other agencies to identify when there is availability on their vehicles for our clients.	<input type="checkbox"/>	<input type="checkbox"/>
Purchase rides for our clients on other services.	<input type="checkbox"/>	<input type="checkbox"/>
Sell rides on our service to other agencies.	<input type="checkbox"/>	<input type="checkbox"/>
Providing or participating in joint maintenance arrangements.	<input type="checkbox"/>	<input type="checkbox"/>
Providing in a joint or coordinated insurance pool.	<input type="checkbox"/>	<input type="checkbox"/>
Other _____		

5. Do you have a contingency plan in place with another transportation provider to assure the delivery of transit services, should the situation arise in which you have insufficient vehicles or drivers?

☐ Yes ☐ No Explain:

6. Is any part of your service transportation subcontracted to another agency?

☐ Yes ☐ No Explain:

7. Describe any special efforts your make to provide information about your service to human service agencies, One Stop Centers, or other activity centers.

- 8. What human service agencies, employment/training programs, or other transportation providers have you met with in the last year to discuss transit service coordination? Explain how often you met and the outcomes.**

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, leaving small margins at the top and bottom. There is no handwriting or other markings on the paper.

- 9. If your COG/MPO has a Social Services Committee does your agency participate on it? (If there is not a committee in your region check N/A below)**

☐ N/A ☐ Yes ☐ No

10. Are you currently included in the Regional Transportation Coordination Plan for your area? ☐ Yes ☐ No ☐ 1st Time Applicant in the process of being included.

How often do you participate in your COG/MPO Coordination Meetings?

☐ Monthly ☐ Quarterly ☐ Yearly ☐ Never

F. Financial and Managerial Capability

Applicants should demonstrate the financial and managerial capacity to meet ADOT Section 5310 program requirements.

Budget

- 1. Discuss the availability of matching funds for your 5310 project.**

- 2. Discuss the availability of operating funds, for the useful life of the equipment for which you are applying. (A statement affirming the availability of operating funds is a required attachment to the back of the application.)**

- 3. Who prepares, or will prepare and monitor, your transportation budget?**

- 4. Does your organization presently conduct an annual audit?**

☐ Yes ☐ No

If yes, is the audit required to meet the requirements of the Office of Management and Budgeting A-133 audits for agencies receiving more than \$300,000 in federal funds? ☐ Yes ☐ No

Program Management

- 5. How much federal funding does your agency anticipate receiving in FY 2011 for all programs (all federal funding received, not just transportation)?**

- 6. Describe your organization's experience in regards to managing federally funded programs including all the related requirements associated with them.**

- 7. How does your agency ensure that your community is aware of your intent to apply for Section 5310 funding?**

Civil Rights – Title VI and EEO

- 8. Have there been any civil rights complaints, lawsuits, allegations or legal actions filed against your agency in the last two years?**

☐ Yes ☐ No If No, please explain the nature of the complaint(s):

- 9. Does your agency have an EEO policy and does that policy include language that prohibits discrimination on the basis of race, national origin, color, sex, age, and disability in the workplace?**

☐ Yes ☐ No

- 10. Are the services provided by your agency accessible to your clients, regardless of race, color, national origin, sex, age or disability?**

☐ Yes ☐ No

Do you have a related written policy? ☐ Yes ☐ No

If yes, please describe the process that your agency uses that ensures nondiscrimination in terms of the services you provide.

Civil Rights – Limited English Proficiency (LEP)

- 11. Are you aware of your obligation to comply with Limited English Proficiency (LEP) requirements?**

☐ Yes ☐ No

- 12. How do you ensure that persons with LEP needs can access your services?**

- 13. Does your organization have a Limited English Proficiency (LEP) plan?**

☐ Yes ☐ No

Civil Rights – Disadvantaged Business Enterprise (DBE)

- 14. During the past 4 years has your agency received vehicles from ADOT?**

☐ Yes ☐ No

- 15. During the past 4 years has your agency received Mobility Management, Operating and/or Capital funding awards from ADOT?**

☐ Yes ☐ No

- 16. Has your agency developed an approved DBE program?**

☐ Yes ☐ No

If no, please explain.

17. Has your agency adopted the ADOT DBE program?

☐ Yes ☐ No

18. What good faith efforts has your agency made to purchase from DBE vendors?

*Civil Rights / ADA***17. Does your agency have in place written policies, procedures regarding the following requirements of the ADA?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Lift vehicle availability?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Maintenance of accessible features on vehicle?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Adequate time for vehicle boarding and disembarking?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Use of portable oxygen/respirator equipment allowed?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Service animals allowed?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Training (wheelchair securement, sensitivity to passengers, etc.)?

18. Do you have at least one working, wheelchair accessible vehicle, meeting ADA standards, with available and qualified driver(s), for each of your primary services areas? A YES statement, below, also indicates that your system has a "back up" plan should it's only accessible vehicle(s) or available driver(s) be rendered out-of-service for more than a few days.

☐ Yes ☐ No If no, please explain.

[illegible]

- ☐ Yes - Explain how: 1) a hearing impaired person, and 2) a visually impaired person would request a ride on your service.

- ☐ Yes ☐ No If yes, please explain.

[illegible]

- 21. Are inspections of ADA equipment, including lifts, ramps, securement devices, signage, and communication systems part of your agency's pre-trip and post trip inspection checklists?**

☐ Yes ☐ No If no, please explain.

- 22. If ADA deficiencies are found during your agency's pre-trip and post-trip inspections, what is done?**

Maintenance and Vehicle Use

- 23. Describe your vehicle maintenance program.** How often is preventive maintenance performed? Do you follow the manufacturer's recommended standard?

- 24. What maintenance services does your agency provide in-house and what services are provided to your agency through outside agencies?**

- 25. How do you keep track of vehicles' maintenance history? Who reviews repair and expense records? Where are maintenance files kept?**

- 26. Where are repairs to wheelchair lifts made and how do you assure that an accessible vehicle is always available for service during the repairs?**

- 27. Do you have established policies or guidelines regarding use of vehicles, loan of vehicles, sign out of vehicles, accident reporting, etc? Please describe.**

G. Safety & Training Programs

ADOT periodically provides training in a variety of areas (Please check with ADOT's Training Coordinator for courses provided). However, it is the applicants' responsibility to ensure that drivers and other "safety sensitive" personnel are trained to proficiency. Describe the training policies, programs and other features of your operation.

- 1. Use the table below to indicate the driver training you require for full-time drivers, part time drivers and volunteers. How are the courses generally provided?**

Training Course	Check if Required for full-time drivers	Check if required for employees who drive clients as part of their duties	Check if required for volunteers	Class provided in last year? (Yes/No)	How was the training provided? (in-house, ADOT/Other)
Defensive Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
CPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Accident Reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Emergency Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Passenger Assistance Training PASS*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other? Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

*The current ADOT-sponsored training is termed Passenger Service & Safety Training (PASS)

- 2. Describe how the ADA training requirements are included in your training program, with respect to use of accessible equipment, for passenger sensitivity and for vehicle maintenance.**

[illegible]

- 3. Describe your agency's risk management policy in case of an accident, liability claim, or legal action?**

[illegible]

- 4. Describe your system's vehicle accident history in the last year.** List the number and type of "major"* accidents: A) for any accidents that occurred, describe if there was property damage or injuries and identify if they were preventable or non-preventable. B) for any preventable accidents, what action did the system take?

A.

B.

- Does your agency have a drug-free workplace policy? ☐ Yes ☐ No

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

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- This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

APPLICATION SECTION 3: BUDGET

(Attach any support documents/materials following Part 3)

This section includes budget information for the capital equipment and for operating the equipment over the useful life of the vehicle.

The cost of the vehicles anticipated to be purchased this year is listed below. Remember that these costs are estimates only. Applicants are requested to budget slightly more so funds are available if costs come in higher. Nominal registration and inspection fees will also be added to this figure. Radios and other ancillary equipment are separate.

The local expenses are estimated based on matching funds of 10%. Please note that the delivery fee that previously has been \$50.00 will now be \$150.00 this year.

Type of Vehicle	Estimated Total Cost*	Estimated Local Expenses		
		Matching Funds (10%)**	Administrative Fees (2%)***	Total Local Expense
8 Passenger Lift-equipped Maxivan	\$57,000	\$5,700	\$1,140	\$6,840
9 Passenger Lift-equipped Cutaway	\$62,000	\$6,200	\$1,240	\$7,440
12 Passenger Maxivan (no lift)	\$27,000	\$2,700	\$540	\$3,240
7 Passenger Minivan (no ramp)	\$26,000	\$2,600	\$520	\$3,120
5 Passenger Minivan (with ramp)	\$38,000	\$3,800	\$760	\$4,560

*Estimated Total Cost is the estimated total invoice price (combined federal and local portions)

**Percentage of total invoice comprising the local capital match.

***Additional inspection and registration fees apply.

Type of Vehicle	Estimated MVD Title/Registration Fees for Non Profit Agencies	Estimated MVD Title/Registration Fees for Tribes, Cities, Counties and Towns.	Delivery Fee (per Vehicle)
Lift and Ramp Equipped Vehicles	Handicapped Plate issued / \$53.75 per vehicle	Government Plate and a Handicapped Placard issued / \$4.00 per vehicle	\$150.00
Vehicles without Lift or Ramp	Handicapped Plate issued / \$25.25 per vehicle	Government Plate and a Handicapped Placard issued / \$4.00 per vehicle	\$150.00

In the Agency Capital Request table on the following page, please indicate the number and type of vehicles or other equipment requested, the agency capital budget, and the source of local matching funds/fees. For equipment not on the above list, please supply an estimated cost and attach support documentation describing the item in detail. While ADOT cannot commit to purchasing requests not on the above list, additional items will be considered on a case-by-case basis if adequate quotes and documentation are provided.

In the Agency Operating Budget table on the following page, please identify the agency's operating budget for its transportation program and the source of local matching funds.

Agency Capital Request and Budget

Type of Equipment	Cost Each (Estimate)	Quantity	Total Cost	Total Local Expenses (12%) *
Lift-equipped Maxivan van	\$57,000			
Lift-equipped Cutaway	\$62,000			
12 Passenger Maxivan (no lift)	\$27,000			
7 Passenger Minivan (no ramp)	\$26,000			
5 **Passenger Minivan (with ramp)	\$38,000			
Dispatching or Scheduling Hardware or Software				
Mobility Management				
Operations Worksheet Total				
Other (explain)				
Total				

* Additional inspection and registration fees may apply

** Maximum ambulatory + passenger and driver, assuming no wheelchair passengers are on board.

Please identify the anticipated sources of the local matching funds. If LTAF II funds are used as a local match, please identify this and the jurisdiction providing the funds:

Source	Estimated Amount
Total	

Total Agency Operating Budget for Transportation	\$
--	----

Next are two budget pages. The first addresses estimated costs and revenues for the equipment being requested. The second is for your overall transportation program.

ESTIMATED ANNUAL TRANSPORTATION OPERATING BUDGET**Current 5310 request only****Expense
Cost*****Estimated**

Driver Salaries and Fringe Benefits	\$ _____
Other Staff Salaries and Fringe Benefits (Supervisor, Administrative, Dispatch, Mobility Manager, etc.)	\$ _____
Vehicle Operations (fuel, oil, tires, maintenance, repair, etc)	\$ _____
Vehicle Insurance	\$ _____
Other	\$ _____
TOTAL EXPENSE	\$ _____

Revenue

Show whether your organization will cover any of these costs by charging fares or collection donation from passengers. If yes, specify amount of fare or donation requested for a one-way trip.

<u>Fare/Donation</u>	<u>Amount</u>
----------------------	---------------

☐ Yes ☐ No

if Yes: _____

List other specific sources and amounts of funds that will be available to cover operating costs. The total amount listed below – plus fare revenue – should equal the total operating cost.

<u>Source of Funds</u>	<u>Amount</u>
------------------------	---------------

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL REVENUE**\$ _____**

*Estimated total operating cost for transportation services (excluding vehicle purchases) for one year.

ESTIMATED ANNUAL TRANSPORTATION OPERATING BUDGET**Total Transportation Program****Expense
Cost*****Estimated**

Driver Salaries and Fringe Benefits	\$_____
Other Staff Salaries and Fringe Benefits (Supervisor, Administrative, Dispatch, Mobility Manager, etc.)	\$_____
Vehicle Operations (fuel, oil, tires, maintenance, repair, etc)	\$_____
Vehicle Insurance	\$_____
Other	\$_____
TOTAL EXPENSE	\$_____

Revenue

Show whether your organization will cover any of these costs by charging fares or collection donation from passengers. If yes, specify amount of fare or donation requested for a one-way trip.

<u>Fare/Donation</u>	<u>Amount</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No	if Yes: _____

List other specific sources and amounts of funds that will be available to cover operating costs. The total amount listed below – plus fare revenue – should equal the total operating cost.

<u>Source of Funds</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL REVENUE	\$_____

*Estimated total operating cost for transportation services (excluding vehicle purchases) for one year.

APPLICATION PART 4: FEDERAL CERTIFICATIONS AND ASSURANCES AND OTHER FORMS

This section contains federal certifications and assurances, forms required by ADOT Multimodal Planning Division, samples of notices which need to be completed and submitted. The following forms must be included with applications for Section 5310 funding.

All Applicants:

- ☐ Affirmation of Applicant and Applicant's Attorney
- ☐ General Assurances (including Civil Rights, Title VI)
- ☐ Certification for Civil Rights Complaint Status
- ☐ Notices of Public Hearings
- ☐ Drug-Free Workplace Act Certification
- ☐ Certificate of Compliance with Manufacturer's Maintenance Schedule

- ☐ Certification on Restrictions on Lobbying
- ☐ Certification Regarding Debarment, Suspension, and other Responsibility Matters –
Primary Covered Transactions
- ☐ Certification Regarding Debarment, Suspension, and other Responsibility Matters –
Lower Tier Covered Transactions
- ☐ Assurance of Authority of Applicant and its Representatives
- ☐ Notices of Public Hearings

FEDERAL FISCAL YEAR 2011 FTA
CERTIFICATIONS AND ASSURANCES SIGNATURE PAGE

(Required of all Applicants for FTA assistance and all FTA Grantees with an active capital or formula project)

AFFIRMATION OF APPLICANT

Name of Applicant: _____

Name and Relationship of Authorized Representative: _____

BY SIGNING BELOW, on behalf of the Applicant, I declare that the Applicant has duly authorized me to make these certifications and assurances and bind the Applicant's compliance. Thus, the Applicant agrees to comply with all Federal statutes and regulations, and follow applicable Federal directives, and comply with the certifications and assurances as indicated on the foregoing page applicable to each application it makes to the Federal Transit Administration (FTA) in Federal Fiscal Year 2011.

FTA intends that the certifications and assurances the Applicant selects on the other side of this document, as representative of the certifications and assurances in this document, should apply, as provided, to each project for which the Applicant seeks now, or may later, seek FTA assistance during Federal Fiscal Year 2011.

The Applicant affirms the truthfulness and accuracy of the certifications and assurances it has made in the statements submitted herein with this document and any other submission made to FTA, and acknowledges that the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. 3801 et seq., and implementing U.S. DOT regulations, "Program Fraud Civil Remedies," 49 CFR part 31 apply to any certification, assurance or submission made to FTA. The criminal provisions of 18 U.S.C. 1001 apply to any certification, assurance, or submission made in connection with a Federal public transportation program authorized in 49 U.S.C. chapter 53 or any other statute

In signing this document, I declare under penalties of perjury that the foregoing certifications and assurances, and any other statements made by me on behalf of the Applicant are true and correct.

Signature _____ Date: _____

Name _____

Authorized Representative of Applicant

AFFIRMATION OF APPLICANT'S ATTORNEY

For (Name of Applicant): _____

As the undersigned Attorney for the above named Applicant, I hereby affirm to the Applicant that it has authority under State, local, or tribal government law, as applicable, to make and comply with the certifications and assurances as indicated on the foregoing pages. I further affirm that, in my opinion, the certifications and assurances have been legally made and constitute legal and binding obligations on the Applicant.

I further affirm to the Applicant that, to the best of my knowledge, there is no legislation or litigation pending or imminent that might adversely affect the validity of these certifications and assurances, or of the performance of the project.

Signature _____ Date: _____

Name _____

Attorney for Applicant

Each Applicant for FTA financial assistance and each FTA Grantee with an active capital or formula project must provide an Affirmation of Applicant's Attorney pertaining to the Applicant's legal capacity. The Applicant may enter its signature in lieu of the Attorney's signature, provided the Applicant has on file this Affirmation, signed by the attorney and dated this Federal fiscal year.

Application Part 4: Federal Certifications and Assurances and Other Forms, Continued

Other forms and information are provided for the applicant's use in preparing their application. They follow the forms listed above.

- Sample of Public Notice
- Sample Language for Notice of Public Hearing (public agency applicants only)
- Sample Notification Letter to Other Providers
- Passenger Trip Calculation Worksheet
- ADOT Transportation Automated Program System (TAPS) forms
 - Notice of Impending Vehicle Inspection
 - Section 5310/5311 Vehicle Inspection Form

GENERAL ASSURANCES

We the governing body of _____ in approving the submission of the attached application, certify that the APPLICANT has the legal authority and is willing to make as part of the contract between the State of Arizona and the APPLICANT for Federal Transit Administration Section 5310 financial assistance, the following assurances:

A. The APPLICANT is a private non-profit organization incorporated in the State of Arizona, a Tribal government or related Tribal community, or that it is a public body which has been designated as an eligible Section 5310 recipient.

B. The APPLICANT has or will have the legal, financial, and technical capacity to carry out its proposed Section 5310 project described herein, including safety and security aspects of that program.

C. The APPLICANT will have satisfactory continuing control over the use of project equipment and facilities.

D. The APPLICANT has, or will have prior to delivery, sufficient funds to provide the local match for the equipment purchased under this contract and to operate the vehicles or equipment purchased under this project.

E. The APPLICANT assures affirmative compliance with Title VI of the Civil Rights Act of 1964 – Nondiscrimination in the Provision of Service (FTA C 4702.1; FTA C 9040.1E; and FTA C 9070.1E).

F. The transportation needs of elderly persons and persons with disabilities have or will be addressed by the APPLICANT, pursuant to the requirements of Section 504 of the Rehabilitation Act of 1973 (29 USC 794).

G. The APPLICANT has demonstrated and will continue to demonstrate efforts to achieve coordination with other transportation providers, including social service agencies capable of purchasing service. The APPLICANT has participated in the development of a local coordinated public transit-human services transportation plan for the area(s) in which project vehicles will be used.

H. Private transit and paratransit operators and the public have been afforded a fair and timely opportunity to participate to the maximum extent feasible in the provision of the proposed transportation services by the APPLICANT.

I. The APPLICANT assures that it will comply with applicable provisions of the Americans with Disabilities Act (ADA), otherwise known as Public Law No. 101-336

and applicable provisions of 49 CFR Parts 27, 37 and 38: Transportation for Individuals with Disabilities; Final Rule.

J. The Applicant will comply with the applicable provisions of the guidelines relative to charter bus service (Title 49 CFR Part 604) and school bus operations (Title 49 CFR Part 605; Title 49 USC 5323(f)).

K. The Applicant assures that it will comply with all applicable Federal statutes and regulations in carrying out any project supported by an FTA grant or cooperative agreement. The Applicant agrees that it is under a continuing obligation to comply with the terms and conditions of the grant agreement or cooperative agreement issued for its project with FTA. The Applicant recognizes that Federal laws and regulations may be modified from time to time and those modifications may affect project implementation. The Applicant understands that Presidential executive orders and Federal directives, including Federal policies and program guidance may be issued concerning matters affecting the Applicant or its project. The Applicant agrees that the most recent Federal laws, regulations, and directives will apply to the project, unless FTA issues a written determination otherwise.

Signature_____

Date_____

Title of Authorized Official_____

CERTIFICATION FOR CIVIL RIGHTS COMPLAINT STATUS

_____ I hereby certify that our organization does NOT have any pending Title VI (Civil Rights) complaints of discrimination filed against its transit program.

_____ I hereby certify that our organization DOES have _____ (number) pending Title VI (Civil Rights) complaints of discrimination filed against its transit program. This complaint(s), and its status, is briefly described below. The agency agrees it will keep the Arizona Department of Transportation's Transit Unit informed of any changes in the status of that complaint(s).

To comply with the Civil Rights Act of 1964, Title VI, the Americans with Disabilities Act of 1990, Title II, and the Vocational Rehabilitation Act of 1973, Section 504, we do not discriminate on the basis of disability, race, color, national origin, age, or gender.

Signature

Title

Printed Name

Date

Agency Name

Drug-Free Workplace Act Certification for a Public or Private Entity

_____certifies that it will provide a drug-free workplace by:

- a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- b) Establishing an ongoing drug-free awareness program to inform employees about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The applicant's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and,
 - (4) The penalties that may be imposed upon employees for drug abuse violations in the workplace;
- c) Making it a requirement that each employee to be engaged in the performance of the grant or cooperative agreement be given a copy of the statement required by paragraph (a);
- d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant or cooperative agreement, the employee will:
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e) Notifying the Federal agency in writing, within ten calendar days after receiving notice under subparagraph (d) (2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every project officer or other designee on whose project activity the convicted employee is working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant or cooperative agreement.
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who was convicted:
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency.
- g) The Applicant's headquarters is located at the following address. The addresses of all workplaces maintained by the Applicant are provided on an accompanying list.

Drug-free Workplace, cont'd

Name of Applicant: _____

Address: _____

Signature of Authorized Official: _____

Title: _____

Date: _____

**CERTIFICATE OF COMPLIANCE WITH
MANUFACTURER'S MAINTENANCE SCHEDULE**

THIS IS TO CERTIFY THAT _____
(Agency Name)

An applicant for a grant under provisions of the Elderly Individuals and Individuals with Disabilities Program (49 U.S.C. § 5310 of the Federal Transit Act), agrees to abide by the vehicle manufacturer's schedule of maintenance, as a minimum, during the period this vehicle is operated in conjunction with the Arizona Department of Transportation, or its successor agency.

DATE AGENCY

NAME: _____
Signature of Authorized Official

Complete if receiving more than \$100,000 in FTA funds

CERTIFICATION OF RESTRICTIONS ON LOBBYING

I, _____ hereby certify to the Arizona Department
(name and title of authorized official)

of Transportation, on behalf of

_____ that to the best of my knowledge
and belief: (name of grantee)

1. No Federal appropriated funds have been or will be paid by or on behalf of the Applicant to any person to influence or attempt to influence an officer or employee of any Federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress regarding the award of Federal assistance, or the extension, continuation, renewal, amendment, or modification of any Federal assistance agreement; and
 - a. If any funds other than Federal appropriated funds have been or will be paid to any person to influence or attempt to influence an officer or employee of any Federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with any application for Federal assistance, the Applicant assures that it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," including information required by the instructions accompanying the form, which form may be amended to omit such information as authorized by 31 U.S.C. 1352.
 - b. The language of this certification shall be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, subagreements, contracts under grants, loans, and cooperative agreements).
2. The Applicant understands that this certification is a material representation of fact upon which reliance is placed by the Federal Government and that submission of this certification is a prerequisite for providing Federal assistance for a transaction covered by 31 U.S.C. 1352. The Applicant also understands that any person who fails to file a required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Executed this _____ day of _____, 2011.

By _____
(signature and title of authorized official)

COORDINATION CERTIFICATION

(Agency Name)

Hereby certifies that the project described in the enclosed application for funding assistance from the ADOT/FTA Section 5310 Special Needs for Elderly Individuals and Individuals with Disabilities Program, was derived from a *locally (i.e., regionally) developed, coordinated public transit-human services transportation planning process*, that the applicant-agency has participated in this process, and that – to its knowledge at the time of this certification – the applicant's intent to seek grant funding assistance for this project, or a project sufficiently similar to the applied-for project (as determined by the applicant's COG or MPO office), has been – or will be – included in the recommended Program-of-Projects of its region's coordinated human services transportation plan. Further, the applicant has had ample opportunity to participate in, and contribute to, this plan, and certifies that it will engage in local and regional coordination activities to the best of its ability, including but not limited to applicable activities discussed in the above-mentioned plan.

Name of Authorized Official (Applicant)

Signature of Authorized Official (Applicant)

Date**OFFICIAL REVIEWER USE ONLY:**

Name of Authorized Official (COG/MPO)

Signature of Authorized Official (COG/MPO)

Date

For MAG Region Applicants Only
(Submit to MAG On or Before Application to ADOT)

2011 Commitment to Strategies for
FTA Section 5310, 5316 and 5317 applicants

SAFETEA-LU requires any agency applying for Section 5310 funds (Elderly Individuals and Individuals with Disabilities); Section 5316 funds (Job Access and Reverse Commute); and/or Section 5317 funds (New Freedom) funds; to respond to a locally derived human services transportation coordination plan. Agencies will demonstrate compliance with the 2011 MAG Human Services Coordination Transportation Plan Update as evidenced by the following:

- Attendance at designated human services transportation meetings to assist in the development and implementation of regional coordination planning.
- Compliance with information and data requests to aid in the collaborative efforts of the planning process.
- Demonstrated support and achievement of goals in the plan as appropriate and identified in the plan.

Agency data gathering and feedback is a valued part of the regional human services transportation coordination effort. Strategies identified in the coordination process are the collaborative effort of all participating agencies. A successful and relevant plan will assist the agencies in their mission to serve elderly persons, and persons with disabilities and low income.

I do hereby agree, on behalf of my organization, that we will actively support strategies developed in the plan in compliance with SAFETEA-LU regulations. Our participation will continue throughout the term of the grant.

Printed Name

Title

Signature

Organization

Date

SAMPLE OF PUBLIC NOTICE

The following is a sample of a public notice to be published once in a newspaper of general circulation in the community in which the service is to be offered. Your notice must include the ADA provision as stated, or use essentially similar language to that noted below. The notice must be published sufficiently in advance to allow at least a 15-day response period for affected transportation providers within the applicant's service area, prior to the applicant's submittal of its application to the COG/MPO. **A copy of this notice is to be included with your application.** (In some areas the COG/MPO places the public notice for all interested agencies. Check with your COG before placing your notice and be sure to include a copy of the notice even if placed by the COG/MPO.)

PUBLIC NOTICE

This is to notify all interested parties that _____ is applying for an accessible van-type vehicle under the Elderly Individuals and Individuals with Disabilities Program (49 U.S.C. § 5310). The vehicle will be used to transport those elderly and disabled persons in the area of _____, on a fixed route or demand responsive basis, at least 5 days per week and up to 24 hours per day.

Pursuant to the Americans with Disabilities Act (ADA) of 1990, this notice additionally serves to inform interested parties that request may be made of the applicant for accommodation of "special needs" for a person(s) with a disability(s) to have maximum feasible opportunity for physical and information access to and regarding the above proposed project.

Anyone wishing to comment on this application should do so by _____, 20__, to Community Service Organization, 123 Saguaro Blvd., Somewhere, Arizona 85000. Any public or private transit or paratransit operator wishing to provide an equivalent service to that proposed above should submit to the above named agency within 30 days, a written proposal detailing the service that operator would provide.

Published: ARIZONA LEDGER, _____, 20__

Required of Public Agency applicants only.

Public agencies are required to post a public hearing if they are requested to do so by a party interested in their application.

SAMPLE LANGUAGE FOR NOTICE OF PUBLIC HEARING

NOTICE OF PUBLIC HEARING

Notice is hereby given that a public hearing will be held by (applicant) at (address of hearing location) at (time and date) for the purpose of considering a project for which financial assistance is being sought from the U.S. Department of Transportation. Grant funds will be used to (describe project, including location, items to be purchased, etc.).

At the hearing, (applicant) will afford an opportunity for interested persons or agencies to be heard with respect to the social, economic and environmental aspects of the project. Interested persons may submit oral or written evidence and recommendations with respect to said project.

A copy of the grant proposal is currently available for public inspection at (location).

Applicant's Authorized Representative

SAMPLE LETTER OF NOTIFICATION TO OTHER PROVIDERSAPPLIES TO RURAL APPLICANTS ONLY (CAAG, SEAGO, WACOG, NACOG REGIONS)

The following is a sample notification letter to be sent to every public and private transportation service agency/business in your service area. This letter supplements the public hearing notice and does not replace it. Maricopa and Pima county applicants are exempt from sending this letter as MAG and PAG are responsible for notification requirements.

*(Use your letterhead)***S A M P L E**

Dear _____:

This is to notify you that **(your agency)** is applying for financial assistance under the ADOT Elderly Individuals and Individuals with Disabilities Program authorized under 49 U.S.C. Section 5310 for capital assistance. **(Your agency)** has requested

(Give a brief but complete description of the equipment your agency has requested and what it will be used for. Include: 1. The Service Area; 2. Days and Hours of Operation; 4. Fare Schedule, if any. Attach more detailed information, if appropriate.)

The purpose of this letter is to advise you of our application and to insure that this proposal would not represent a duplication of your service. Private and public transit and paratransit operators may receive reimbursement funds through purchase of service agreements. Therefore, we solicit your involvement in our proposed service.

I ask that you contact this office in writing within 10 days if you believe that you can provide all or a part of this service or if you have specific objections to the proposed project. In your letter you should state your specific objections or counter proposal. If you support the application, please complete the enclosed sign-off letter and return it to this office.

Our address is: **(your address)**

Also, please send a copy of your letter to the Arizona Department of Transportation, which is the funding agency for the Rural Public Transportation Program. Their address is:

Arizona Department of Transportation
206 South 17th Avenue, Room 340 B
Phoenix, Arizona 85007

Should you desire any additional information on the proposed service, please contact me at _____.

Sincerely,

PASSENGER TRIP CALCULATION WORKSHEET**(This worksheet is to be used in conjunction with related questions of the application)**

This worksheet explains the way passenger trips are calculated for the Section 5310 program. Use the following formulas as a guideline in calculating passenger trip numbers for the application.

Note: 1 passenger "trip" is a one-way boarding and de-boarding of a passenger on a vehicle, discounting incidental stops such as a one minute letter drop off of a letter as part of a "larger" (primary purpose) trip. Two options are provided for some of the calculations.

Trip Examples:

- ☐ 4 people board a van at a local senior center and then get off (deboard) at the local grocery store. This routing counts as 4 passenger trips. The van is idle until it picks up the same people at the grocery store later and returns them to the senior center. This return route counts as an additional 4 trips. This van has provided 8 one-way trips that day for 4 individuals.
- ☐ 1 person boards a van and is taken to the doctor. This counts as 1 trip. While "waiting" for this person's one-hour appointment, the driver picks up 3 additional people at the adjacent clinic and takes them to the senior center. Add 3 trips. The driver returns to pick up the person visiting the doctor and returns her to the senior center. Add 1 trip. This vehicle has provided 5 one-way passenger trips for 4 individuals. Three people each made one one-way trip and one person made two one-way trips.
- ☐ 10 people are picked up at the agency's rehabilitation center in the morning and taken on a driving field trip where the only stop is a brief restroom break. The van returns these 10 individuals to the center at the end of the excursion. 10 one-way passenger trips were made by the van this day.

Daily and Weekly Trips (Use either method)	(1) Average number of people riding each day		Average number of trips each person makes in a day	Equals	Average daily ridership	Times five days equals	Average weekly one-way ridership
		x		=		X 5 =	
	(2) Average number of people riding each week		Average number of trips each person makes each week	Equals	Average weekly one-way ridership		
		x		=			
Annual Trips	Average weekly one-way ridership		Times 50 weeks	Equals	Average annual one-way ridership		
			x 50	=			
Annual Service Miles	Average number of miles vehicles will travel daily with passengers onboard		Five days weekly	Equals	Times 50 weeks per year	Equals	Annual service miles
		x	5	=	x 50	=	

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PART VI. APPENDIX

A. Annual Recipient Report and Vehicle Inspection Form

B. Glossary of Terms

C. Additional Insurance information



ARIZONA DEPARTMENT OF TRANSPORTATION

Multimodal Planning Division
 Sections 5310 & 5311
 206 South 17th Avenue, 340B
 Phoenix, Arizona 85007

SAMPLE ANNUAL RECIPIENT REPORT

TO: SUSAN BROWN ARIZONA FOUNDATION 440 W. GLENVIEW SOMEWHERE, AZ 86000	RE: NOTICE OF IMPENDING VEHICLE INSPECTION ARIZONA FOUNDATION (COG/MPO)
--	--

SECTION 1: INSTRUCTIONS

1. Be advised you will be contacted soon to schedule your time and location for your vehicle inspection.
2. Please fill in ALL blanks on this form.
3. Mail this form back to ADOT at the above address.

SECTION 2: PLEASE REVIEW AND CORRECT THE FOLLOWING INFORMATION IF NECESSARY

Contact: Susan Brown

Provider: ARIZONA FOUNDATION

Address: 440 W. Glenview

City: Somewhere

Zip: 86000

Phone: (520) 123-0000

Fax: (520) 456-0000

Email: sbrown@thearizonafound.xyz

Name of person completing this report

SECTION 3: GENERAL QUESTIONS ABOUT YOUR AGENCY

1. Enter the total number of vehicles that you are currently operating, regardless of funding source.

Vehicles: _____

2. Since your last performance report, have you encountered any major transportation operations problems that have been difficult to resolve?
 A major transportation operations problem is a recurring problem that has lasted for more than one month. (Select all that apply)

If "other", please specify: _____

- ☐ Drivers/Staffing
☐ Fuel Costs
☐ Travel Distances
☐ Funding
☐ Mechanical repair
☐ Training
☐ Routine Vehicle
☐ Maintenance
☐ Insurance
☐ Other ☐ None

SECTION 4: QUESTIONS ABOUT YOUR VEHICLES

1. What type of service is the vehicle operated in? (Select one)

- ☐ Demand Response
☐ Fixed Route
☐ Deviated Fixed route
☐ Other

If "other", please specify: _____

2. Is the vehicle being used daily, as a backup, or is it out of service?

- ☐ In service daily
☐ Backup
☐ Out of service

3. Verify the vehicle base. At what address is the vehicle parked overnight?

Address: _____

4. Enter the annual miles of service this vehicle drove during the last year. (Oct – Sep)

Miles: _____

5. Enter the annual maintenance cost for this vehicle. (Oct – Sep)

Cost: \$ _____

6. Enter the annual cost of operating this vehicle. (Oct – Sep)(5310 Only)

Cost: \$ _____

7. Enter the annual number of passenger trips taken on this vehicle. (Oct – Sep -5310 Only)

Trips: _____

8. Enter the number of revenue hours this vehicle operated per week.

Hours: _____

9. Does your insurance certificate show ADOT as additional insured and loss payee?

Yes/No

10. Does the vehicle have at least \$300,000 in uninsured motorist coverage?

Yes/No

11. If the vehicle has a capacity of 16 or more, does the vehicle have at least \$5 million in liability coverage? Or, if the vehicle has a capacity of 15 or fewer, does it have at least \$1,000,000 in liability coverage?

Yes/No

12. Since your last inspection, has the vehicle had any major mechanical problems requiring repairs over \$1,000?

Yes/No

If yes, identify the problem (select all that apply):

- ☐ Powertrain ☐ Electrical System
☐ Lift ☐ A/C
☐ Body/doors ☐ Tires/wheels
☐ Hydraulics ☐ Other

If "other", please specify: _____

SAMPLE SECTION 5310/5311 VEHICLE INSPECTION



VEHICLE:	2004 ELDORADO	ARIZONA FOUNDATION (COG/MPO)
VIN:	0FDWE00S34HB11111	
ISSUED:	10/19/2004	
CAPACITY:	0-15 PASSENGERS	
VEHICLE BASE:	2520 NORTH HOWARD DR.. ANYWHERE AZ 87000	

ODOMETER MILES: _____

DATE: _____

	INSPECTOR INQUIRY	YES	NO	N / A	ADDITIONAL EXPLANATION or COMMENT (see YES/NO to left)
1.	IS THE LIFT OPERATIONAL?				IF JUST "NO" WHAT IS REPORTED / OBSERVED REASON?
2.	IF ANSWER TO #1 IS "YES" DOES LIFT HAVE OPERATIONAL DEFICIENCIES?				_____ HYDRAULIC, OTHER FLUID LEAK _____ SLOW OR JERKY OPERATION _____ TOO ABRUPT DROP _____ BRAKE/TRANSMISSION INTERLOCK SYSTEM (Leave lift door ajar & have operator attempt drive).
3.	ARE ALL LIGHTS OPERATIONAL?*				*(Observe while operator engages appropriate lights)
4.	IS MAINTENANCE LOG PRESENT & INDICATING OIL CHANGE INTERVALS?				IF YES, WHAT OIL CHANGE INTERVALS?
5.	IS A "CERTIFIED" (DATE RATED) FIRE EXTINGUISHER ON BOARD AND SECURED PROPERLY?				NOTE: Fire extinguishers are only supplied by ADOT/manufacture on lift-equipped vehicles
6.	IS GRANTEE NOTING ANY OPERATIONAL PROBLEMS? (other than lift: see #2 & #3 above)				IF YES, WHAT PROBLEMS NOTED?
7.	FIRST AID & EMERGENCY ROAD KITS PRESENT (i.e. flares, triangles)?				
8.	TIRE RATING (should be E for 1-ton, P or equivalent for 7 passenger minivans)				IF NO (i.e., improper rating), WHAT?
9.	TIRE CONDITION: ▪ More than 4/32 ^{nds} * tread measured on sample(s)? ▪ Sign of tire de-lamination or other structural problems?				*(Advise operator if approaching or under 4/32 ^{nds})
10.	MISSING/BROKEN SEAT BELTS/WHEELCHAIR & W/C PASSENGER RESTRAINTS?				
11.	BODY/CHASSIS INTEGRITY ▪ EXTERIOR (body damage, broken/missing glass, mirrors, lights) ▪ MISC. UNDERCARRIAGE (loose, leaking, broken lines, exhaust)				IF YES, OBSERVED: IF YES, OBSERVED:
12.	SUMMARY CONDITION: ▪ EXCELLENT → ▪ GOOD → ▪ FAIR → ▪ POOR →	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	IF "POOR" CONDITION, RECOMMEND: ▪ RETIRE (by operator-agent) ▪ OUT OF SERVICE UNTIL REPAIRED ▪ IMPOUND (typically only vehicles with overt signs of neglect, abuse, accident, etc.)

B. GLOSSARY OF TERMS

ADOT – Arizona Department of Transportation, the authorized agent for the state's JARC (and other transit programs) for rural and small urban areas under 200,000 population, as well as Section 5310 (below) which serves all urban and rural regions of the state.

Arizona Rides – a Governor Executive Order (2005-16) – signed July 2005 – and initiative designed to encourage state agencies to coordinate and collaborate on programs serving human service agency transportation needs; an outgrowth of the President's federal "United We Ride" Order and initiative. See United We Ride.

COG - Council of Government – a regional planning agency whose membership is composed of the incorporated cities, towns and counties within a prescribed area defined by the geographic boundaries of agreed-upon counties and which, *for the purposes of ADOT's grant programs*, represents predominately rural areas and communities under 50,000 population. See MPO.

Cutaway – a popular medium sized transit vehicle widely used in ADOT's programs, usually dual-rear-wheel in configuration and wheelchair-lift equipped. Some smaller variants do not require a Commercial Drivers License (CDL) to operate. See Lift Van.

Designated Recipient – Any local or state agency applying for and receiving formula and Surface Transportation Program (STP) flexible grant funds directly from—and authorized by—the federal government (e.g., FTA). ADOT is the designated recipient for Arizona for the following grant programs:

- Section 5304 – State Planning, primarily for rural portions of the state
- Section 5310 – See description below
- Section 5311 – See description below
- Section 5316 – JARC – for rural and small urban areas under 200,000 population.*
- Section 5317 – New Freedom – for rural and small urban areas under 200,000 population.*

* For urbanized Maricopa and Pima Counties over 200,000 population, the City of Phoenix and Tucson respectively are the FTA designated recipients.

FTA – Federal Transit Administration, the implementing agency of the US Department of Transportation for all federal transit programs.

Grantee – from the federal perspective for the above-named programs, a grantee is the State agency receiving grants. In these examples, the State is the federally designated recipient and the federal grantee. From the State's (ADOT's) perspective, a grantee is any agency receiving grant funds from the State or other source. See Recipient and Subrecipient.

ITS – Intelligent Transportation Systems – communications technology-driven equipment, hardware, software or other data formats or images designed to increase the quality, quality, or timeliness of information delivered or displayed to end user-customers or service providers on the status or other characteristics of a transportation system.

JARC – Job Access & Reverse Commute – See Section 5316

Lift Van – a small (less than 20 feet long) vehicle widely used in ADOT's programs, single rear-wheel (per side) configuration, equipped with wheelchair lift and raised roof, and not currently requiring a Commercial Drivers License (CDL) to operate. Also known as "maxi van with lift."

Mobility Management – a short-range planning function comprised of personnel and/or equipment (data or communications hardware, software, etc.) designed to increase inter-agency coordination, i.e., typically for more than one agency or group.

MPO – Metropolitan Planning Organization – a regional planning agency representing a predominately urban area, encompassing all or part of a county. Some MPOs are also COGs. However, *for the purposes of ADOT's grant programs*, "MPO" describes an agency whose region has a significant urban core/population center over 50,000 population and focus of activity although their regional boundaries may also encompass significant rural areas. See COG.

New Freedom – See Section 5317

Recipient – from the federal perspective, a recipient is the State (or other "designated recipient" for other programs), but generally, any agency receiving grant funds, whether from the State or directly from the federal government. See Subrecipient.

SAFETEA-LU – the federal authorizing legislation (by Congress) since 2005 of all surface transportation program funding including highway and transit, and which governs all FTA programs through at least September 2009, at which time new authorizing legislation is scheduled to take precedence.

Section 5307 – *Urbanized Area Formula* transportation program for communities >50,000 population. As communities grow past the 50,000 population threshold they move in status from the 5311 program into the "small urban area" portion of the *FTA 5307 Program*, which is administered directly by the grantee and FTA, with only peripheral ADOT involvement. ADOT continues to mentor these transitional communities until they achieve "full" 5307 status. Section 5307 and 5310 are highly encouraged to coordinate services and resources wherever possible.

Section 5310 – *Elderly Individuals & Individuals With Disabilities Program* – a FTA formula grant program administered in Arizona by ADOT for all regions – which is designed to provide financial assistance (primarily vehicles) to agencies serving seniors and persons with disabilities.

Section 5311 – *Rural Public Transportation* (also known as Non-Urbanized Formula Program) – a FTA formula grant program administered in Arizona by ADOT, designed to provide communities under 50,000 population with operating and capital assistance with which to run local transit programs.

Section 5316 – *Job Access & Reverse Commute or Section 5316* – a FTA program newly “formulized” under SAFETEA-LU and administered in Arizona by ADOT to assist low income individuals with work related transportation.

Section 5317 – *New Freedom* – a FTA formula grant program administered in Arizona by ADOT – for rural and small urban areas under 200,000 population – designed to provide transportation services for persons with disabilities which “go beyond” ADA requirements many systems currently must follow (but also which there is often limited in funding for additional services “beyond...”). Like JARC (5316), New Freedom provides capital and operating funds.

Subrecipient – from the federal government's perspective, any recipient of grants or grant funding from the State (or other designated recipient) which originated with a federal agency (e.g., FTA). Generally, a subrecipient is a *local* recipient of a designated recipient of such a grant. See Recipient.

United We Ride – a Presidential Executive Order (2004) – signed February 2004 – and federal initiative designed to encourage federal agencies to coordinate and collaborate on programs serving human service agency transportation needs, with the aim to reduce waste between programs with common or similar transportation objectives, and increase service quality for the transportation-challenged populations they serve. See Arizona Rides.

C. ADDITIONAL INSURANCE INFORMATION

The following augments the basic insurance information found in **Section F. Administrative Requirements, Minimum Required Insurance Coverage** on Page 41 of the Handbook.

General Indemnification: The Recipient shall indemnify, defend, save and hold harmless The State of Arizona, its departments, agencies, boards, commissions, universities and its Officers, officials, agents, and employees (hereinafter referred to as "Indemnitee") from and against any and all claims, actions, liabilities, damages, losses, or expenses (including court costs, attorneys' fees, and costs of claim processing, investigation and litigation) (hereinafter referred to as "Claims") for bodily injury or personal injury (including death), or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of the Recipient or any of its owners, officers, directors, agents, employees or subcontractors. This indemnity includes any claim or amount arising out of or recovered under the Workers' Compensation Law or arising out of the failure of such contractor to conform to any federal, state or local law, statute, ordinance, rule, regulation or court decree. It is the specific intention of the parties that the Indemnitee shall, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the Indemnitee, be indemnified by the Recipient from and against any and all claims. It is agreed that the Recipient will be responsible for primary loss investigation, defense and judgment costs where this indemnification is applicable. In consideration of the award of this contract, the Recipient agrees to waive all rights of subrogation against the State of Arizona, its officers, officials, agents and employees for losses arising from the work performed by the Contractor for the State of Arizona.

This indemnity shall not apply if the Recipient or sub-contractor(s) is/are an agency, board, commission or university of the State of Arizona.

INSURANCE REQUIREMENTS:

Recipient and subcontractors shall procure and maintain until all of their obligations have been discharged, including any warranty periods under this Contract, are satisfied, insurance against claims for injury to persons or damage to property which may arise from or in connection with the performance of the work hereunder by the Recipient, his agents, representatives, employees or subcontractors.

The insurance requirements herein are minimum requirements for this Contract and in no way limit the indemnity covenants contained in this Contract. The State of Arizona in no way warrants that the minimum limits contained herein are sufficient to protect the Recipient from liabilities that might arise out of the performance of the work under this

contract by the Recipient, its agents, representatives, employees or subcontractors, and the Recipient is free to purchase additional insurance.

MINIMUM SCOPE AND LIMITS OF INSURANCE: Recipient shall provide coverage with limits of liability not less than those stated below.

Business Automobile Liability

Bodily Injury and Property Damage for any owned, hired, and/or non-owned vehicles used in the performance of the project.

Combined Single Limit (CSL)

\$1,000,000

The policy shall be endorsed to include the following additional insured language: *The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insured's with respect to liability arising out of the activities performed by or on behalf of the Contractor, involving automobiles owned, leased, hired or borrowed by the Contractor.*

Policy shall contain a waiver of subrogation against the State of Arizona, as departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Recipient.

ADDITIONAL INSURANCE REQUIREMENTS: The policies shall include, or be endorsed to include, the following provisions:

The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees wherever additional insured status is required such additional insured shall be covered to the full limits of liability purchased by the Recipient, even if those limits of liability are in excess of those required by this Program.

The Recipient's insurance coverage shall be primary insurance with respect to all other available sources.

Coverage provided by the Recipient shall not be limited to the liability assumed under the indemnification provisions of this Contract.

NOTICE OF CANCELLATION: Each insurance policy required by the insurance provisions of the grant agreement shall provide the required coverage and shall not be suspended, voided, canceled, or reduced in coverage or in limits except after thirty (30) days prior written notice has been given to the State of Arizona. Such notice shall be sent directly to ADOT-MPD Community/Grants Services, 206 South 17th Avenue 340B, Phoenix, Arizona 85007 and shall be sent by certified mail, return receipt requested.

ACCEPTABILITY OF INSURERS: Insurance is to be placed with duly licensed or approved non-admitted insurers in the state of Arizona with an "A.M. Best" rating of not less than A- VII. The State of Arizona in no way warrants that the above-required minimum insurer rating is sufficient to protect the Recipient from potential insurer insolvency.

VERIFICATION OF COVERAGE: The Recipient shall furnish the State of Arizona with certificates of insurance (ACORD form or equivalent approved by the State of Arizona). The certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf.

All certificates and endorsements are to be received and approved by the State of Arizona before work commences. Each insurance policy must be in effect at or prior to commencement of work and remain in effect for the duration of the project.

All certificates required by this Contract shall be sent directly to ADOT-MPD Community/Grants Services, 206 South 17th Avenue 340B, Phoenix, Arizona 85007. The State of Arizona project/contract number and project description shall be noted on the certificate of insurance. The State of Arizona reserves the right to require complete, certified copies of all insurance policies required by the grant agreement at any time. DO NOT SEND CERTIFICATES OF INSURANCE TO THE STATE OF ARIZONA'S RISK MANAGEMENT SECTION.

SUBCONTRACTORS: Recipients' certificate(s) shall include all subcontractors as insured's under its policies or Recipient shall furnish to the State of Arizona separate certificates and endorsements for each subcontractor. All coverage for subcontractors shall be subject to the minimum requirements identified above.

APPROVAL: Any modification or variation from these insurance requirements shall be made by the Department of Administration, Risk Management Section, whose decision shall be final. Such action will not require a formal contract amendment, but may be made by administrative action.

EXCEPTIONS: In the event the Recipient or sub-contractor(s) is/are a public entity, then the Insurance Requirements shall not apply. Such public entity shall provide a Certificate of Self-insurance. If the Recipient or sub-contractor(s) is/are a State of Arizona agency, board, commission, or university, none of the above shall apply.